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16711 U.S. PTO

PTO/SB/50 (02-01)

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17513 U.S. PTO
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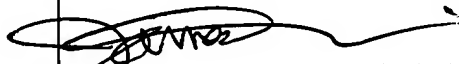
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<i>Attorney Docket No.</i>	S1022/81088US01
	<i>First Named Inventor or Application Identifier</i>	Thierry MICHEL et al.
	<i>Original Patent Number</i>	5,964,897
	<i>Original Patent Issue Date (Month/Day/Year)</i>	October 12, 1999
	<i>Express Mail Label No.</i>	EV 292 462 245 US

APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent	
APPLICATION ELEMENTS (37CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender a. <input type="checkbox"/> Ribbioned Original Patent Grant b. <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power Of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table	17. <input checked="" type="checkbox"/> Other: Application Data Sheet
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS	
Correspondence address below	
CUSTOMER NUMBER:	23628

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	James H. Morris, Reg. No. 34,681
SIGNATURE	
DATE	March 17, 2004